



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/802,417
Filing Date::	03/16/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1632
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	GLUTAMIC ACID DECARBOXYLASE (GAD) BASED DELIVERY SYSTEM
Attorney Docket Number::	102182-0039
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	21
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Matthew
Family Name::	During
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	532 W. 22nd Street Apt. 3A

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10011

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Family Name:: Kaplitt

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 532 W. 22nd Street  
Apt. 3A

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10011

### **Correspondence Information**

Correspondence Customer Number:: 021125

### **Representative Information**

Representative Customer Number:: 021125

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/206,281	05/23/00
This Application	Continuation of	09/863,179	05/23/01

### **Foreign Priority Information**

**Assignee Information**

Assignee name:: NEUROLOGIX, INC.  
Street of mailing address:: 271-32E Grand Central Parkway  
City of mailing address:: Floral Park  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11005